## PEDERAL EMERGENO I MANAGEMENT AS **NATIONAL FLOOD INSURANCE PROGRAM**

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**ELEVATION CERTIFICATE** 

	-	Important: K	- PROPERTY OWNER INFOR	REATION	Can Incommon Campania I Inco
s //	For Insurance Company Use: Policy Number				
JILDING OWNER'S NA	ME	_			POLICY NUTIDAL
Jifford Barksdale	DEOC (In alcoling A	nt Link Cuite and/or	Bldg. No.) OR P.O. ROUTE AN	D BOX NO.	Company NAIC Number
BUILDING STREET ADDI 7481 Ryders Rest Lane	CESS (Including A)	pr., Unii, Suite, and/or	. Day. 140.) Old 10. 110012744		
CITY			STATE		CODE
St Michaela		Number Ter Berel	MD	2166	0
PROPERTY DESCRIPTION Map 32 Grid 20 Parcel 44	ON (Lot and Block	Numbers, Tax Parcel	Number, Legal Description, etc.)		
BUILDING USE (e.g., Res	idential, Non-resid	ential, Addition, Acces	ssory, etc. Use a Comments area	a, if necessary.)	
Accessory/Guest House				SOURCE: GPS (T	(ma):
LATITUDE/LONGITUDE ( ( ##° - ##' - ##.##' or ##.	(OPTIONAL)	HORIZO	ONTAL DATUM: 27 🔲 NAD 1983		Quad Map
( ## - ## - ##.## OI ##.		<u> </u>			
	SI	ECTION B - FLOOD	INSURANCE RATE MAP (FIR	M) INFORMATION	
B1, NFIP COMMUNITY NAME	& COMMUNITY NUM	BER	B2. COUNTY NAME		B3. STATE
240066			Talbot		Maryland
B4, MAP AND PANEL	T		87. FIRM PANEL		B9. BASE FLOOD ELEVATION(S)
NUMBER	B5. SUFFIX	86. FIRM INDEX DATE		B8. FLOOD ZONE(S	(Zone AO, use depth of flooding)
0030	A	05/15/85	n/a	n/	
10. Indicate the source of the	Base Flood Elevati:	on (BFE) data or base f	flood depth entered in B9. termined Dther (D	Jescrihe).	
FIS Profile	FIRM	Community 29		988 Dother (Describe)	
11. Indicate the elevation dat	uill used for the Brita. A Coastal Bardar Pa	ROUMES System (CARS	S) area or Otherwise Protected Area	(OPA)? ☐ Yes ☑ N	o Designation Date
12. Is the building located in	a Coasial Dailler No	TION C - BILL DING	ELEVATION INFORMATION (	SURVEY REQUIRED)	
			Building Under Construction*	☐ Finished Construction	)
				TI I MINOLICIA ACCIDENTATIONS	•
1. Building elevations are ba	sed on: L_1 Constru				
*A Elevetion Cortifica	w bealinea ed like et	hen construction of the	hullding is complete.	te is being completed - see	pages 6 and 7. If no diagram
*A new Elevation Certifica 2. Building Diagram Number	ate will be required w r <u>8</u> (Select the buildin	then construction of the ng diagram most similar		te is being completed - see	pages 6 and 7. If no diagram
*A new Elevation Certifica 2. Building Diagram Number	ate will be required work (Select the building building provide as	then construction of the ng diagram most similar sketch or photograph.)	building is complete. to the building for which this certifica		pages 6 and 7. If no diagram
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		the corresponding information t		~~	For Insurance Company Use:
	G STREET ADDRESS (Including Apt., U: yders Rest Lane	nit, Suite, and	: AND BOX NO.	أس	Policy Number
ITY It Michae			STATE MD	ZIP CODE 21663	Company NAIC Number
	MINISTER STATE OF THE STATE OF	ON D - SURVEYOR, ENGINEER, (	OR ARCHITECT CER	RTIFICATION (CONTIN	IUED)
by bo	th sides of this Elevation Certificate for	or (1) community official, (2) insurance	agent/company, and (3)	building owner.	
OMME Certificat	ENTS te is for new construction				
	. 4.52.	Marie Control		-	
+	- <del>- (3) (40)(13) (3</del>			V. SAME TO COMP	Check here if attachmer
	SECTION E - BUILDING EL	EVATION INFORMATION (SURV	YEY NOT REQUIRED	) FOR ZONE AO AND	The same of the sa
r Zone /	AO and Zone A (without BFE), comp	elete Items E1 through E4. If the Elevat	ion Certificate is Intende	d for use as supporting info	ormation for a LOMA or LOMR-F,
. Buildin	sents the building, provide a sketch of	or photograph.)			e pages 6 and 7. If no diagram accurate
natura	al grade, if available).				one) the highest adjacent grade. (Use
grade.	. Complete Items C3.h and C3.i on I	front of form.			in.(cm) above the highest adjacent
. The to			_ft.(m)in.(cm)	ove or Delow (check	one) the highest adjacent grade. (Use
. For Zo	one AO only: If no flood depth number	er is available, is the top of the bottom f		nce with the community's fi	oodplain management ordinance?
ПУ		cal official must certify this information in IN F - PROPERTY OWNER (OR C		NTATIVE CEPTIEICA	ITION
he prop					(without a FEMA-Issued or community
ssued B	IFE) or Zone AO must sign here. Th	e statements in Sections A, B, C, and E	E are correct to the best	of my knowledge.	•
		THORIZED REPRESENTATIVE'S NA		410/254,	
DRES	SS		CITY	S	TATE ZIP CODE
GIVAT	URE		DATE	Ť	ELEPHONE
OMME	ENTS				
I					
					Check here if attachmen
		SECTION G - COMMUNI			nations & B. O (and) and O of this Clay
	official who is authorized by law or or . Complete the applicable item(s) an		floodplain management	ordinance can complete S	ections A, B, C (or E), and G of this Eleva
. Th	ne information in Section C was taken	n from other documentation that has be	een signed and embosse	ed by a licensed surveyor, o	engineer, or architect who is authorized b
O	r local law to certify elevation informa	ation. (Indicate the source and date of t	he elevation data in the (	Comments area below.)	
2. <b>中</b> A	community official completed Section	n E for a building located in Zone A (with	thout a FEMA-issued or	community-issued BFE) or	Zone AO.
		9) is provided for community floodplain			COMPLIANCE/OCCUPANCY ISSUED
34. PERA	MIT NUMBER	G5. DATE PERMIT ISSUED	.   G	D. DATE CERTIFICATE OF C	NOTE THE ADDRESS OF THE PROPERTY OF THE PROPER
7. This p					
Clare.	ermit has been issued for: New	Construction Substantial Improve	ement		0-1
. Heval	tion of as-built lowest floor (including	basement) of the building is:	ement	ft.(m)	Datum:
.BFE o	tion of as-built lowest floor (including or (in Zone AO) depth of flooding at the	basement) of the building is:		ft.(m) ft.(m)	Datum: Datum:
OCAL (	tion of as-built lowest floor (Including or (In Zone AO) depth of flooding at the OFFICIAL'S NAME	basement) of the building is:	TITLE	ft.(m)	
OCAL (	tion of as-built lowest floor (Including or (in Zone AO) depth of flooding at the OFFICIAL'S NAME UNITY NAME	basement) of the building is:	TITLE	ft.(m)	
OCAL COMMU	tion of as-built lowest floor (including or (in Zone AO) depth of flooding at the OFFICIAL'S NAME UNITY NAME URE	basement) of the building is:	TITLE	ft.(m)	
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